## Nova Scotia Provincial Pharmacare Programs Request for Coverage of Sensipar (cinacalcet) for sHPT (secondary hyperparathyroidism)

| □ Initial Request □ Renewal request  |   |                       |                    |                  |      |  |
|--|---|-----------------------|--------------------|------------------|------|--|
| PATIENT INFORMATION  |   |                       |                    |                  |      |  |
| PATIENT SURNAME  | PATIENT GIVEN NAME                                  |                       | HEALTH CARD NUMBER |                  |      | DATE OF BIRTH  |
|  |   |                       |                    |                  |      |  |
| PATIENT ADDRESS  |   |                       |                    |                  |      |  |
| ELIGIBILITY CRITERIA   |   |                       |                    |                  |      |  |
| For the treatment of patients with chronic kidney disease on dialysis with secondary hyperparathyroidism with iPTH >88 pmol/L on more than one occasion 6 weeks apart who are: |   |                       |                    |                  |      |  |
| Not responding to optimal doses of Vitamin D analogues or phosphate binders (calcium or non-calcium based) AND   |   |                       |                    |                  |      |  |
| □ Not a surgical candidate due to surgical or anesthetic risk <b>OR</b>  |   |                       |                    |                  |      |  |
| Awaiting kidney transplant   |   |                       |                    |                  |      |  |
| Initial serum calcium level: mmol/L (Serum calcium greater than or equal to 2.2 mmol/L)  |   |                       |                    |                  |      |  |
| DIAGNOSTIC INFORMATION AND MEDICATION HISTORY  |   |                       |                    |                  |      |  |
| iPTH levels<br>(must be >88 pmol/L)  | Date of Labs<br>(must be at least 6<br>weeks apart) | Drug Therapy          |                    | Product and Dose | (    | Response to Therapy<br>(Intolerance/contraindication/non-<br>response) |
|  |   | Phosphate Binder      |                    |                  |      |  |
|  |   |                       |                    |                  |      |  |
|  |   | Vitamin D<br>Analogue |                    |                  |      |  |
| Clinical symptoms suggesting impairment in quality of life:  |   |                       |                    |                  |      |  |
|  |   |                       |                    |                  |      |  |
| RENEWAL CRITERIA   |   |                       |                    |                  |      |  |
| Coverage for cinacalcet will be renewed if there is a greater than 30% decrease in iPTH after at least 3 months with escalating dose, indicating the patient is responding.    |   |                       |                    |                  |      |  |
| Current iPTH level: pmol/L Date of screening:  |   |                       |                    |                  |      |  |
| CLINICAL NOTES   |   |                       |                    |                  |      |  |
|  |   |                       |                    |                  |      |  |
| PRESCRIBER NAME & ADDRE  | SS  |                       |                    |                  |      |  |
|  |   |                       |                    |                  |      |  |
|  | PRESCRIBE   | PRESCRIBER SIGNATURE  |                    |                  | DATE |  |
| If you need assistance, please contact the Pharmacare Office at (902) 496-7001 or 1-800-305-5026<br>Please Return Form To: Nova Scotia Pharmacare Programs                     |   |                       |                    |                  |      |  |
| P.O. Box 500, Halifax, NS B3J 2S1  |   |                       |                    |                  |      |  |

Fax: (902) 496-4440

